DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: DIRECTIONAL COOLING SYSTEM FOR VACUUM HEAT TREATING FURNACE, for which a patent is sought;

the specification of which [check one(s) a						
was filed		XXXXXXXXX/U.S	S. Application		1'11-\- F1-	
and was amended by Amendment file X is attached to this Declaration, Power		ower to Inspect;		(11 a)	pplicable); [or];	
that I have reviewed anby any amendment referred to above; and		ontents of the above-	identified sp	ecification, in	ncluding the claims, as amended	
that I acknowledge my owith Rule 56(a) [37CFR§1.56(a)].	duty to disclose inf	ormation which is m	aterial to the	examination	of this application in accordance	
CLAIM UNDER 35 USC §120: I hereb	y claim the benefi	t under 35 USC §12	0 of the prio	r United Stat	es application(s) listed below:	
Prior U.S. Application(s)		Filing Date		Status Dentiles Peters de la Constant		
		<u>y/Mo/Year</u> May 2002			Pending-Patented-Abandoned Pending	
Insofar as the subject matter of each of the provided by the first paragraph of 35 USC §1.56(a)] which occurred between the fil application.	§112, I acknowled	ge the duty to disclo	se material i	nformation as	defined in Rule 56(a) [37 CFR	
POWER OF ATTORNEY: As inventor agents with full power of substitution to protherewith: Vincent T. Pace, Reg. No. 31	secute this applica	tion and to transact	all business i			
POWER TO INSPECT: I hereby give accredited representatives power to inspec						
SEND CORRESPONDENCE TO: CU	STOMER NUMI	BER 000110				
DIRECT INQUIRIES TO: Vincent T.	Pace	Telephone: 21	5-563-4100/	Facsimile: 2	15-563-4044	
I hereby declare that all statements made helicved to be true; and further that these spunishable by fine or imprisonment, or both may jeopardize the validity of the applicate	statements were m h, under Section 10	ade with the knowle 101 of Title 18 of the	dge that will	ful false state	ments and the like so made are	
SOLE OR FIRST JOINT IN	ENTOR	SE	COND JOI	NT INVENT	OR (if any)	
Full Name CRAIG A.	MOLLER	Full Name			•	
First Middle	Last		First	Middle	Last	
Signature Craix a. Mo	lly	Signature		·	···································	
Date July 8, 2003		Date			·	
Residence Roscoe Illin		Residence				
City State o Citizenship UNITED STATES OF A	r Country MERICA	Citizenship	City		State or Country	
Post Office Address: 6194 Silver Hawk Ct.	Post Office Ad	Post Office Address:				
Roscoe Illinois	_61073	· ·				
City State or Country	Zin Code	City	State o	r Country	Zin Code	